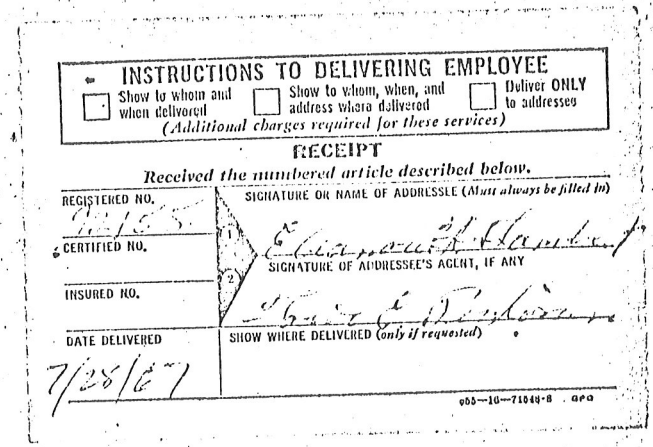


INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and when delivered ☐ Show to whom, when, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

1)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

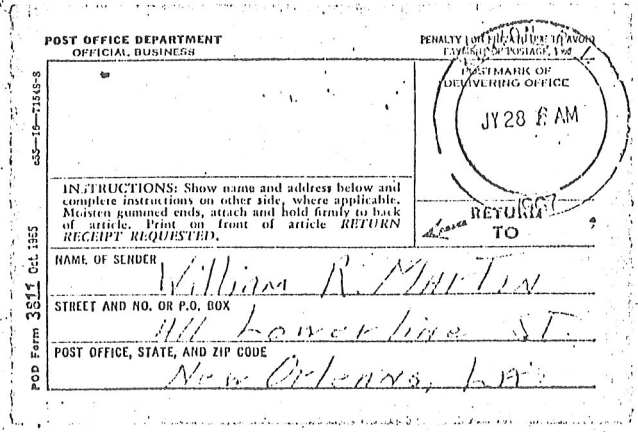
2)

DATE DELIVERED

7/28/67

SHOW WHERE DELIVERED (*only if requested*)

955—10—71049-8 GPO



POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

JY 28 8 AM

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER
William R. Martin

STREET AND NO. OR P.O. BOX
411 Lowerline St.

POST OFFICE, STATE, AND ZIP CODE
New Orleans, La.

POD Form 3811 Oct. 1965

635-15-71545-8